



## APPLICATION FOR PESTICIDE DEALER REGISTRATION

NEW \_\_\_\_\_ OR RENEWAL \_\_\_\_\_ (CHECK ONE)

JULY 1, \_\_\_\_\_ THROUGH JUNE 30, \_\_\_\_\_

\*\*\*\*\*

Complete both Mailing Address information and Location Address information.

Mailing address . . . . .

Location address . . . . .

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Co Name: \_\_\_\_\_

Co Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Co Abbreviation : \_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

\*\*\*\*\*

If you sold any Restricted Use Products between January 1 and December 31 of the previous year, the Kansas Pesticide Law requires completion of Section B - Annual Report of Sales. Registration fee is based on annual sales. **If your annual sales were less than \$2500.00 your registration will be \$25.00. If your annual sales were \$2500.00 or more your registration will be \$100.00.**

### Section A

1. Do you sell Restricted Use Pesticides?

☐ Yes ☐ No

**If yes, you must complete Section B - Annual Report of Sales on the reverse side.**

2. Do you sell pesticides in containers larger than 55 gallons or 100 pounds dry weight? ☐ Yes ☐ No

3. Do you store bulk pesticide(s) to repack/ refill containers or for your own use? ☐ Yes ☐ No

4. Federal Employer Identification Number or Social Security Number is required should a refund be necessary.

FEIN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ or SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

5. Registration fee is based on annual sales. Please indicate your annual sales: less than \$2500 \_\_\_\_\_ (\$25.00 fee)  
\$2500 or more \_\_\_\_\_ (\$100.00 fee)

**6. Please sign, date, and return the application with the fee to the Kansas Department of Agriculture.**

I hereby apply to be registered as a Pesticide Dealer in the State of Kansas under the Kansas Pesticide Law, for the business location indicated hereon.

Signature/Title: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Business Owner or Owner Authorized Representative)

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For office use only --Code: DR \_\_\_\_\_ PDR 5 RED \_\_\_\_\_ TR # \_\_\_\_\_ Ck # \_\_\_\_\_

**January 1,\_\_\_\_\_ through December 31,\_\_\_\_\_**

CAN - Total Number of Canisters/Flasks of Fumigant (include weight per canister/flask)

Use additional paper if necessary